

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.		W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
1							61						
2							62						
3							63						
4							64						
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38							98						
39							99						
40							100						
41													
42													
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45													
46													
47													
48													
49													
50													
TOTAL	4						TOTAL						
TOTAL DEP.	25						TOTAL DEP.						
TOTAL	29						TOTAL						